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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Steven D. Goldstein

COMPLETE IF KNOWN

Application Number

/

Filing Date

MARCH 17 2004

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PORTABLE FOLDING ROOM DIVIDING PARTITION

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code label here

Name	Registration Number	Name	Registration Number
James V. Harmon	18,940		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name	James V. Harmon				
Address	Pillsbury Center, Suite 2000				
Address	220 South Sixth Street				
City	Minneapolis	State	MN	ZIP	55402
Country	USA	Telephone	612-339-1400	Fax	612-349-2908

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Steven D.	Goldstein

Inventor's Signature	<i>Steven D. Goldstein</i>	Date	3/17/04
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Residence: City	Plymouth	State	MN	Country	USA	Citizenship	USA
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Post Office Address	11615 48th Avenue North				
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Post Office Address					
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City	Plymouth	State	MN	ZIP	55442	Country	USA
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☐ Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> 2 </u> of <u> 2 </u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Michael D.				Edwards			
Inventor's Signature	<i>Michael D Edwards</i>					Date	3/12/04
Residence: City	Zimmerman	State	MN	Country	USA	Citizenship	USA
Post Office Address 26337 Terrace Drive							
Post Office Address							
City	Zimmerman	State	MN	ZIP	55398	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
William J.				Mark			
Inventor's Signature	<i>William J Mark</i>					Date	3/16/04
Residence: City	Troutman	State	NC	Country	USA	Citizenship	USA
Post Office Address 114 Parkview Lane							
Post Office Address							
City	Troutman	State	NC	ZIP	28166	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Applicant or Patentee: STEVEN D. GOLDSTEIN, *et. al*

Serial or Patent No:

Filed: *MARCH 17 2004*

For: PORTABLE FOLDING ROOM DIVIDING PARTITION

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

- () the owner of the small business concern identified below:
- (X) an official of the small business concern empowered to act on behalf
of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: ADVANCED OFFICE CONCEPTS, INC.

ADDRESS OF SMALL BUSINESS CONCERN: 1250 98th Avenue NE,
Blaine, Minnesota 55424

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §§121.3-18, and reproduced in 37 C.F.R. §1.9(d), for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when,

either directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

PORTABLE FOLDING ROOM DIVIDING PARTITION

☒ (X) the specification filed herewith

☐ () application Serial No. _____, filed _____.

☐ () Patent No. _____, issued _____.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR §1.9(c) if that person made the invention, or by any concern which could not qualify as a small business concern under 37 CFR §1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR §1.9(e) or a nonprofit organization under 37 CFR §1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring their status as small entities. (37 CFR §1.27).

NAME _____

ADDRESS _____

☐ () Individual

☐ () Small Business Concern

☐ () Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Steven D. Goldstein

TITLE OF PERSON SIGNING: President

ADDRESS OF PERSON SIGNING: 11615 48th Avenue North
Plymouth, MN 55442

SIGNATURE: Steven D. Goldstein DATE: 3/17/04